



Sacramento Regional Fire/EMS Communications Center

Application for Employment

Applicants are considered for all positions without regard to race, ancestry, color, national origin, religion, age, sex, sexual orientation, marital status, political affiliation or belief, or the presence of a non-job related physical or mental disability or medical condition.

Instructions: Answer ALL questions Please PRINT (use ink or type)	Bring or Mail this Application to: SRFECC 10230 Systems Parkway Sacramento, CA 95827-3007																									
Name: <div style="display: flex; justify-content: space-around; font-size: small;"> (Last) (First) (Middle) </div>	Position Applied For:																									
Mailing Address:	Home Phone:																									
Address:	Office Phone:																									
	Message Phone:																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Education:</td> <td style="width: 20%;">Do you have a High School Diploma?</td> <td style="width: 10%;">Yes</td> <td style="width: 10%;">No</td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td>Do you have a GED certificate?</td> <td>Yes</td> <td>No</td> <td></td> </tr> </table>		Education:	Do you have a High School Diploma?	Yes	No			Do you have a GED certificate?	Yes	No																
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	Do you have a GED certificate?	Yes	No																							
Name & Location of Colleges or Universities attended:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">From</th> <th style="width: 10%;">To</th> <th style="width: 20%;">Major</th> <th style="width: 10%;">Units</th> <th style="width: 20%;">Degree</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	From	To	Major	Units	Degree																				
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Driver's License Number: _____ Social Security Number: _____ Other License/Certificates: _____ _____ _____	Do you possess a current CPR card: Yes No Are you EMD certified: Yes No If yes, certifying agency _____ and expiration date: _____																									
Have you ever been convicted of a felony? Yes No If yes, give details in the ADDITIONAL INFORMATION section on the following page.																										
If you have any additional job related information to aid in considering your qualifications or special testing requirements, list them in the ADDITIONAL INFORMATION section on the following page.																										

ADDITIONAL INFORMATION:

Experience Record: Starting with your most recent experience, list all experience, including paid and volunteer. This section must be completed. A resume may be attached in addition to this. Use additional sheets if needed.

From: Mo/YR	To: Mo/Yr	Full time	Employer:	Title:
		Part time		
		Hrs/Week	Address:	Salary:

Job Duties: _____ Reason for Leaving: _____

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Applicant's Statement: I hereby certify that all statements made in this application to be true. I understand that any misstatement or omission of facts may be cause of disqualification from the selection process or disciplinary action up to and including termination after employment. I hereby authorize representatives of SRFECC to conduct a background investigation of criminal, medical, credit and driving records and to contact (unless otherwise noted in ADDITIONAL INFORMATION section) organizations and individuals listed for the purpose of establishing or verifying my qualifications, work history and work habits in connection with this application for employment by SRFECC. I understand and acknowledge that such information will be used confidentially and for the purposes of employment decisions only. It will not become part of my personnel records once I am employed and will not be available for review by me. I further understand that I must pass tests as required and listed in the job announcement.

Signature of Applicant _____

Date _____

BE SURE TO INCLUDE TYPING CERTIFICATE IF REQUIRED.